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## \*BIBDATASHEET\*

CONFIRMATION NO. 3384

Bib Data Sheet

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### \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/382,702 03/06/2003 PAT 6,908,484

### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

### IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/08/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature _____ Initials _____	NJ	3	20	1

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### TITLE

CERVICAL DISC REPLACEMENT

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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